DOCUMENT RESUME

ED 191 835 SP 016 669

AUTHOR Whiteside, Patricia W.
TITLE Organization and Administration of Sex Education Programs.
PUB DATE 80
NOTE 13p.

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Community Involvement: *Curriculum Development: Educational Environment: *Educational Principles: Educational Trends: Elementary Secondary Education: *Ethical Instruction: *Family Life Education: *Health Education: Parent Participation: *Sex Education

ABSTRACT

This monograph discusses trends, principles, methods, and techniques for curriculum development in sex education. While sex education in the school curriculum is a controversial issue, many professionals in the field agree that it is important in meeting student's social, psychological, and emotional needs. Recent trends in sex education include changing the title "sex" to such other terms as family planning or health education, and greater use of the student-centered approach to learning. The dominant trend for the future is toward greater inclusion of such courses into the education of school age youth at all levels. The organization and administration of a sex education program should follow certain essential principles among which are a psychologically healthful teaching environment, current and accurate teaching materials, and community involvement. (JN)

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ORGANIZATION AND ADMINISTRATION OF SEX EDUCATION PROGRAMS

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ORGANIZATION AND ADMINISTRATION OF SEX EDUCATION PROGRAMS

Introduction

In this paper I will discuss some suggestions for organization and administration of health, in the specific area of Sex Education. A National program per se has not yet been established in Sex Education, however the American Association of Sex Educators, Counselors and Therapists (AASECT) has developed standards for teachers and therapists who are responsible for teaching or counseling of human sexuality. Certified members of AASECT are professional educators, counselors and/or therapists trained in dealing with human sexuality in all its many aspects. They have pledged to perform their professional duties in accordance with the highest standards of service. Professional integrity and confidentiality are hallmarks of their practice, so that the public can be afforded protection against incompetent and dishonorable practice.

Ideas, suggestions and philosophies will be presented from a variety of professionals. Topical areas of discussion include trends, principles, methods and techniques for curriculum development. It should be recognized that this paper will involve a general overview of organization and administration of sex education programs since philosophies, principles and guidelines vary throughout each state and school district.

Philosophy

The philosophy of Health Education is a cooperative effort with everyone working together toward a superordinate goal. The philosophy for Sex Education is ultimately the same, but due to extreme opposition concerning the approach to the curriculum, this goal has not yet been reached.

"Sex Education has been a controversial issue in recent years. Numerous school districts have come under fire from various concerned parents and parent groups over the question of whether sex education is an appropriate addition to

the curriculum."[1] Consequently, these oppositional groups have delayed the progress of incorporating the needed sex education programs into the health curriculums.

Health theories, programs, and curriculums constantly change with the times. Therefore, the changing trends and beliefs about sex education must change accordingly to meet the needs of all involved. "The only way that we may even hope to assist young people in clarifying their sexual values is through meaningful sex education in the health curriculum."[2] This means that sex education not only provides facts, but also the interpretation of meanings and applications, where they happen to fit in with subject matter of instruction in any or all of the various school courses or subjects that deal with human interests, human relations and human problems.

Trends of Sex Education

(1) One changing trend deals with the names or titles designed for the teaching of sex education. It is believed that the term "sex" evokes ill feelings and much opposition by parents and church groups. Therefore, it is suggested by many professionals that other terms such as family living, human development, or the general term of health education be used.

(2) The trend for learning information relating to sex education has varied in each generation. In November of 1975, a study of 266 college students was taken, concerning the sources where their current knowledge dealing with sex education topics was derived. The majority of their knowledge was obtained from friends and peers; hopefully the trend will change to professional teachers and administrators relaying the information. Such ideas exemplified the following quote:

> It must be assumed that the school is not providing the coursed needed to equip students with accurate information about sex or that the

material presented is not relevant to the needs and interests of these students. Whatever the reason, the students involved in this study did not identify the school as their major source of information on this topic. The fact that not one person listed professionals as a major source of sex information is a cause for concern. These professionals could provide concise, factual information, yet their expertise is not being utilized.[3]

(3) "Current trends toward comprehensive health education curricula, the student-centered approach to learning, and realistic objectives for sex education can be expected to further exacerbate the demands for trained personnel.[5]

"The responsibility of the teacher is to provide reliable data, and show students how to find sound data themselves, in order to reach their own decisions in an objective and unbiased way."[6]

(4) Throughout the past several years family life and sex education have been offered with increasing frequency. In more recent times, these programs have met severe resistance in several localities but nevertheless seem to be increasing throughout the country.

"The dominant trend for the future seems to be in the direction of greater inclusion of such courses in the educational process of our school-age youth at all levels."[7]

Principles for Curriculum Selection

(1) Approval of the school authorities should be obtained. The members or directors of the Board of Education and the administrative officers must understand the curriculum and give it strong support.

(2) Guidelines for the Sex Education curriculum are needed and should be developed to assist public school teachers with their instructional programs.

(3) "Meaningful sex education, as has been stated so frequently in the past, requires competent teachers who are comfortable with their own sexuality and can provide the situations which provide intelligent student analysis of the positive and negative consequences of their sexual behavior."[8]

(4) "In a human life cycle approach, the health curriculum, design, and teaching should be related to all of the transitional stages, with the primary focus on the stage the students are going through."[9] It should be based on the needs and interests of the students.

(5) "Human sexuality should be involved with interpersonnel relationships and the psychosocial aspects of sexuality. Young people are interested in discussing the use of their sexuality and the development of sexual attitudes."[10]

(6) The teaching environment for the sex education curriculum should be healthful psychologically and physically.

(7) The methods, materials and techniques used for the human sexuality program should be current and scientifically accurate. Individualized instruction, audio visual aids, and programmed instruction should be utilized.

(8) "It is believed that parents' role in sex education is both fundamental and vital, that parents should be prepared to accept primary responsibility for educating their children about sexuality. It is anticipated that parental programs will become increasingly prominant in the field of sex education."[11]

(9) Previous sex education background and knowledge should be obtained before planning the specific materials that will be covered for each individual class. The discussions should be geared or related to the daily living experiences of the class involved.

(10) The community should be involved in the sex education instruction, including voluntary health associations such as Planned Parenthood, personnel from both Federal and State Health Departments, medical personnel, ministers, rabis and priests, and other related agencies. Good public relations should be kept with the mass media.

(11) Continuous research and evaluation of the program should take place in order to provide the best instructional unit for the student body.

(12) Teachers must be well prepared. Because of the fundamental import-

tance of the instructor, special emphasis should be placed on their preparation.

Organization and Administration - Curriculum Development

"Thirty-one states have requirements for some form of health instruction, either general instruction, specific topics, or a combination of both. Seven states have no guidelines. Family living is the health topic most frequently recommended for instruction at the secondary level."[12]

There are four main areas that the Chicago Public Schools become involved with for their sex education curriculum development. They are as follows:

1. Appointment of an Evaluation Committee-evaluation of all instructional materials.
2. Guidelines for Selecting the Material.
3. Outline of the Materials Used in the Chicago Public School System.
4. Use of materials by teachers, parents and students.

"Texts, visual aids and student reference materials were screened and selected by members of the Division of Family Life Education along with the committees of teachers, principals, and consultants who were specialists in the area."[13]

The organization for this psecific program is used in the Chicago area. However, there are a variety of other curriculum designs in the United States.

"Pertinent controversial health issues, options and pros and cons in all the major areas of the health curriculum must be included. Health knowledge needs to be structured so it can be more readily learned and used in a daily life. Basic concepts related to sex education instruction, areas and topics, provide unifying, sequential, learning progressions of the health knowledge."[14]

"We must strongly oppose the trend to develop crisis-oriented, crash programs in health education. Instead, we must develop modernized, compre-

hensive, health curriculum for grades K-12 that include critical health problems, viewed in perspective."[15]

Numerous studies have evidenced the need and student interest for sex education instruction. The following study by Howard S. Hoyman, shows how curriculums could be improved and developed for individual classes.

> Instruction might be improved through a process of soliciting some baseline data on students involved in such courses. The assessment of students' needs and interests should precede instructional efforts. Such assessments provide for an improved possibility of actualizing desired educational outcomes. Accordingly, this knowledge should assist in providing a better perspective in relation to content, methodology and direction which will be most fruitful.[16]

The information that should be incorporated includes age, sex and year in school. Also, questions directed at the reasons for enrolling in such a course, and perceived expectations as well as attitudes and behaviors toward sexual topics. On the first day of class an anonymous questionnaire was presented to sections of family life and sex education. For each item, frequencies and percentage statistics were calculated. The analysis was conducted on the total group of students as well as each sex. This type of information should provide a basis for course planning in the area of human sexuality. Needs and interests of students should be ascertained so that the educational process can at least begin with mutuality between students and teacher.

Summary

The organization and administration for any sex education program should follow certain essential principles in order for it to be successful. Sex education in the school curriculum is a controversial issue. However, many professsionals in the field agree that Sex Education and Family Living play a vital and very important role in meeting student needs both socially, psychology, emotionally and intellectually, and consequently should be included in the curriculum. Baseline information must be obtained before programs are structured and organized so that proper information is relayed to the students

at their particular age level and maturity. The dominant trend for the future seems to be in the direction of greater inclusion of such courses in the educational process of our school-age youth at all levels. The implementation of such programs will be the responsibility of the school administrator.

FOOTNOTES

[1]Barbara A. Levin, "A Peek at Sex Education in A Midwestern Community," The Journal of School Health, October, 1972, pp. 462-465.

[2]Murray Vincent, "Contemporary Attitudes Toward Nonmarital Sexual Intercourse," School Health Review, Nov.-Dec. 1972, pp. 13-16.

[3]Thomas W. 'O Rourke, "Sources and Accuracy of College Students' Sex Knowledge," The Journal of School Health, November, 1975, pp. 588-590.

[4]Majorie Blaufarb, "Rap Sessions, Sexuality Resourse People, and Teacher Team Training," School Health Review, March-April, 1972, pp. 20-24.

[5]Shirley Bryan, "Institute for Sex Education," School Health Review, September-October 1973, p. 18.

[6]Floyd D. Rees, "Teaching the Valuing Process in Sex Education," School Health Review, March-April, 1972, pp. 2-4.

[7]John A. Conley, "On Improving Health Institution in Sex Education," The Journal of School Health, November, 1973. pp. 591-593.

[8]Vincent Murray, "Contemporary Attitudes Toward Nonmarital Sexual Intercourse," School Health Review, November-December, 1972, pp. 13-16.

[9]Howard S. Hoyman, "Sex Education-Controversial Content Area," The Journal of School Health, September, 1973. pp. 423-430.

[10]Floyd D. Rees, "Teaching the Valuing Process in Sex Education," School Health Review, March-April, 1972, pp. 2-4.

[11]Shirley Bryan, "Institute for Sex Education," School Health Reivew, September-October, 1973, p. 18.

[12]Mary Louise Lennon, "Selection of Family Life Materials Used in the Chicago Public Schools," The Journal of School Health, April, 1972, pp. 233-237.

[13]Howard S. Hoyman, "Sex Education-Controversial Content Area," The Journal of School Health, September, 1973, pp. 423-430.

[14]Ibid, p. 429.

[15]Terrence M. Leigh, "Nationwide Program of Health Instruction," School Health Review, May-June, 1973, pp. 35-40.

[16]John A. Conley, "On Improving Health Instruction in Sex Education," The Journal of School Health, November, 1973, pp. 591-593.

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